Summary of the
Accreditation Process Committee Meeting
January 14, 1998

The Accreditation Process Committee of the National Environmental Accreditation Conference (NELAC) met on Wednesday, January 14, 1998, at 9 a.m. Eastern Standard Time (EST) as part of the Third NELAC Interim Meeting in Arlington, VA. The meeting was led by its chair, Ms. Margaret Prevost of the New York State Department of Health. A list of action items is given in Attachment A. A list of participants is given in Attachment B.

INTRODUCTION

Ms. Prevost introduced each of the committee members and the RTI facilitator. Ms. Prevost referenced the agenda and explained that the each of the sections with proposed changes would be discussed before the floor would be opened for discussion of other items.

Section 4.1.1.1. Qualifications of the Responsible Party of Record

It was suggested that the terminology in Section 4.1.1.1c be modified to match the requirements in Section 4.1.1.1a. The terminology will be changed to include Bachelors degrees in chemistry, engineering, and physical sciences.

It was suggested that the requirements in this Section 4.1.1.1d should be modified for consistency. Terminology will be changed to include a Bachelors degree in engineering.

An participant questioned terminology in Section 4.1.1.1e(I) concerning a specialized course in instrument use versus a course in instrument use. It was decided to remove the word "specialized."

It was suggested that some laboratories may have a laboratory manager or director who does not meet the qualifications outlined in Section 4.1.1.1. The committee responded that the actual title is not important. The important item is that the name given is the person who is actually responsible for the data. Several participants also questioned having to choose one responsible party. They would prefer naming each person who is responsible in each different area as a technical director.

The committee will recommend to change the terminology to technical director(s) or however titled by the individual laboratory.

The committee will also recommend that laboratories be allowed to list one or numerous technical directors. Those states which require listing one technical lead person would allow the laboratory to list all technical directors but to select one as the lead.

Clarification of what Constitutes a Mobile Laboratory. (On-Site Assessments 4.1.2)

Proposed changes for this section were discussed and several items were clarified. The first item discussed concerned the definition of a mobile laboratory. A fixed laboratory that also provides a mobile laboratory to handle a temporary situation (less than 3 months) would not require a separate certification. It was suggested that from a regulatory standpoint, this would be hard to enforce. If a laboratory went on site for 30 days then left and returned, how would the 3 months be determined? The word continuous will be placed before 3 months for clarification.

A laboratory that is mobile at all times will require a separate certification.

It was suggested that a statement should be added stating that the primary accrediting authority defines what is considered a remote laboratory. This could be a problem with consistency among states. Several suggestions were made to rectify this problem. The first suggestion was that the laboratory must be under the same laboratory director. Another was that the laboratory must be within a certain distance or boundary. A decision concerning the need for terminology changes and those terminology changes was not reached.

Section 4.1.6

The title of this section suggests that there is a fee for national certification which is not correct; the fees are established by the primary accrediting authority. The title will be changed to Fee Process, and the second and third paragraphs will be deleted.

Section 4.4.2. Suspension

The reference 4.3.4 in Section 4.4.2b(2) will be deleted because this section no longer exists.

Figure 4

Several modifications will be made to this flow chart. The first is to remove the rectangle containing, "Accrediting authority reviews laboratory assessor's recommendation to grant or maintain accreditation." The second modification is to change the first box at the top of the flow chart to read "Laboratory submits application package to accrediting authority."

Time Lines

A participant suggested that there should be time lines imposed on the accrediting authority. Problems could arise if the laboratory has done everything necessary to get accredited except to be inspected by the primary accrediting authority. It was noted that there are time lines to protect the laboratory in Chapter 6. There are also time lines specified within Chapter 4 with the only item undefined being whether they are working days or calendar days. The committee suggested that additional changes concerning time lines should be referred to the Accrediting Authority.

Open Discussion

An attendee suggested that Chapter 4 should address accreditation after revocation. The committee recommended that accreditation could be obtained if the laboratory passed 2 proficiency testing samples at least 30 days apart.

A question arose concerning the appeal process. The committee stated that the laboratory will be subject to the specific appeal process of the primary accrediting authority. Several states have specific laws concerning an appeal process making it difficult to have one blanket statement. NELAC can only guarantee that there will be due process concerning appeals.

Ms. Prevost closed the meeting by reviewing the changes that were discussed. She also stated that she would contact other committees concerning items that relate to their Chapters.

Attachment A

ACTION ITEMS
Accreditation Process Committee
January 14, 1998

Item No.	Action Item	Date to be Completed
1.	Make editorial changes as reflected in minutes.	3-1-98
2.	Incorporate changes made in other standards (effects of PT failures on accreditation process and accreditation process.)	3-1-98
3.	Prepare statement concerning the appeals process.	3-1-98
4.	Resolve PT failure rules through consultation with PT Committee members.	3-1-98
5.	Develop guidelines for remote sites. Encourage input from participants.	3-1-98
6.	Verify that reasons for suspension are comprehensive enough.	3-1-98
7.	Further review and clarification of suspension and revocation criteria.	3-1-98

Attachment B

PARTICIPANTS
Accreditation Process Committee
January 14, 1998

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